	Express Mail Label No. (if applicable)					
	Application No.	10/583,803				
on	Confirmation No.	4888				
	Filing Date	January 23, 2007				
	First Named Inventor	Patrick Soon-Shiong				
	Group Art Unit	1625				
	Examiner Name	Aulakh, Charanjit				

252887

Request for Continued Examination (RCE) Transmittal Address to:

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Attorney Docket No.

Client Reference No.

				er 37 CFR 1.	114					
a.		Previously submitted								
	i.	Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.)								
l	ii.	ii. 🔲 Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
	iii.									
b.		Enclose								
	i.		endment/Re	vla		iv.	☐ Form PT0	D-1449		
	ii.		davit(s)/Decl			٧.	Copies of	Referen	ces listed in Fors and applications)	
	iii.	☐ Info	rmation Disc	closure State	ment (IDS)) vi.	Other:	U.S. patern	s απα αρρποαποπο _ι	
2. M	iscel	cellaneous								
a.		☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period								
		of	months. (Pe	riod of suspensi	on shall not e	exceed 3 mc	onths; fee under 3	7 CFR 1.17	'(i) required.)	·
b.		Applicar	nt claims sm	all entity state	us. See 37	7 CFR 1.2	27			
c.		Other:								
3. F e	Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.									
a.							otal amount in			
	i.						37 CFR 1.17			\$810.00
	ii.				• .		(37 CFR 1.136 ar			\$1,110.00
	iii.		extension fo				ired and the fe			
				ed from the t	otal fee du	e for the t	total amount o	f extension	on now	
			uested.							
	iv.						eriod noted ab			
							nder the prese			
ĺ			-	-			the appropriat	te petition	i fee.	.
	٧.		•	ction fee of \$	5130.00 (37	7 CFR 1.1	17(1))			\$ 0.00
	vi.	Othe								
	vii.		m fee	1		1 1		1		
		CLAIN		HIGHEST	EVEDA		Appl		A 5.5%	
ĺ		REMAIN AFTE		Number Previously	EXTRA CLAIMS		Add'l Claim		Add'l Claim	
Сьаім	FEE	AMEND	l l	PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
TOTAL		54		54	= 0	x 26 =		x 52 =		
INDEPE	NDEN	т 1	Minus	3	= 0	x 110 =		x 220 =		
		FIRST PRE	SENTATION O	F MULTIPLE CI	_AIM	+ 195 =		+ 390 =		
					Tota	al amoun	t to be charg	ed to De	posit Account	\$1,920.00
b.		The Con	nmissioner i	s hereby autl	horized to	charge ar	ny deficiencies	in the ab	ove fees or to	
credit any overpayments to Deposit Account No. 12-1216.							1			

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED								
Name (Print/Type)	Christopher T. Griffith	Registration No. (Attorney/Agent)	33,392					
Signature	/Christopher T. Griffith/	Date	March 4, 2009					
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731		(312) 616-5600 (telephone) (312) 616-5700 (facsimile)					